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## Did You Know?

Revalidation has started! Child Health Plan *Plus* (CHP+) and Health First Colorado (Colorado's Medicaid Program) providers must revalidate every five (5) years to continue as a provider. All providers will be contacted via email approximately six (6) months prior to their revalidation deadline with further instructions. Only providers who originally enrolled in 2015 will need to revalidate in 2020. Providers can find their revalidation date on the [Provider Web Portal](#) or by contacting the [Provider Services Call Center](#). Visit the [Revalidation web page](#) for more information.

## All Providers

### National Correct Coding Initiative (NCCI) Notification of Quarterly Updates

Providers are encouraged to monitor the [Centers for Medicare & Medicaid Services \(CMS\) website](#) for updates to NCCI rules and guidelines. Updates to the procedure-to-procedure (PTP) and medically unlikely edit (MUE) files are completed quarterly with the next file update available in July 2020. For more information, visit the [CMS National Correct Coding Initiative Edits web page](#).

## Guidance for COVID-19-Related Services for Recipients of Emergency Medicaid Services (EMS)

The Department of Health Care Policy & Financing (the Department) recognizes that the severity of many symptoms and complications due to COVID-19 may be considered emergency medical conditions by providers, as defined at Colorado Revised Statutes § 24-76.5-102(1). As such, recipients of EMS who experience an emergency medical condition due to COVID-19 are able to access necessary services to treat the emergency medical condition. In addition to emergency department care and inpatient hospital admissions, services may include other medically necessary interventions to treat the emergency medical condition only to prevent emergent readmission to a hospital during the COVID-19 public health emergency. These services include the following outpatient treatments only after an emergency medical condition discharge: COVID-19 diagnostic testing, a maximum of two primary care visits (in person or via telemedicine), oxygen, and other respiratory therapy or non-invasive ventilation or supplemental oxygen provided by positive or negative pressure, without intubation.

Per the Department's regulations at 10 CCR 8.100.3.G.1.g.vii, a provider must certify the presence of an emergency medical condition when services are provided and indicate on claim forms that services are for a medical emergency. Coverage is limited to care and services that are necessary to treat the immediate emergency medical conditions and does not include prenatal care or follow-up care.

Emergency medical condition is defined as, "a medical condition (including emergency labor and delivery) manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:

- (A) Placing the patient's health in serious jeopardy,
- (B) Serious impairment to bodily function, or
- (C) Serious dysfunction of any bodily organ or part."

See 42 U.S.C. § 1396b(v)(3); Colorado Revised Statutes § 24-76.5-102(1).

Claims submitted for recipients of EMS must have the appropriate emergency indicator on claims forms. The provider must use the following claim form fields to confirm that the claimed services relate to emergency medical conditions:

For CMS-1500/835P forms: Field 24C (EMG)

For UB-04/8371 forms: Admission Type 1 (Emergency) or 5 (Trauma)

### Continued Enrollment During the Public Health Emergency for Recipients of EMS

In alignment with section 6008(b)(3) of the Families First Coronavirus Response Act (FFCRA), EMS recipients will have continued enrollment through the end of the federal emergency period described therein. However, coverage remains limited to services necessary for treatment of emergency medical conditions only.

For emergency services billing guidance, please refer to the [General Information Manual](#). As with all claims submitted, EMS claims will be subject to compliance monitoring by the Department per 10 CCR 2505-10, Section 8.076.2.

## Upcoming Improvements to Claims Review

A new claims review tool, ClaimsXten, and improvements to the existing 3M EAPG solution are being implemented in accordance with [Senate Bill 18-266](#) to improve payment accuracy. This will help align Health First Colorado claims processing with commercial payers.

- 3M EAPG return codes are being mapped to edits in the Colorado interChange for outpatient hospital payments.
- The ClaimsXten tool is being implemented to automatically review claims for appropriate billing practices for other professional and outpatient claims. The first phase of ClaimsXten implementation will exclude home and community-based services (HCBS) claims.

Both solutions are scheduled for implementation in late fall 2020.

Visit the [ClaimsXten web page](#) for more information and timely updates. Email [hcpf\\_claimsxten@state.co.us](mailto:hcpf_claimsxten@state.co.us) with questions or concerns.

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## All Primary Care Providers

### Developmental Screening Changes

#### Policy Change for Procedure Codes

Due to reporting changes for the Healthcare Effectiveness Data and Information Set (HEDIS), screenings for Autism Spectrum Disorder (ASD) and screenings for all other developmental concerns must now be separated. Providers will use the following codes:

Code	Current Rate	New Rate as of June 1, 2020	Other Changes	Notes
96127	\$4.91	\$18.39	Add use of Z codes (diagnosis codes) to the billing	Will be used to track <b>ASD screenings only</b> (M-CHAT (Modified Checklist for Autism in Toddlers)/etc.)  Can be billed one (1) time per day and can be used in conjunction with 96110 and 96110EP
96110	\$18.39	\$4.91	Add use of Z codes (diagnosis codes to the billing)	Will be used for a secondary screening on the same day.  Can be billed one (1) time per day and can be used in conjunction with code 96110EP and 96127

Code	Current Rate	New Rate as of June 1, 2020	Other Changes	Notes
96110EP	\$0	\$18.39	Add use of Z codes (diagnosis codes to the billing)	Will now be used for <b>all other screening tools outside of ASD</b> specific screening tools (ASQ (Ages and Stages Questionnaires)/PEDs (Parents' Evaluation of Developmental Status)/etc.)  Can be billed one (1) time per day and can be billed in conjunction with 96127 and 96110

Screenings for ASD should be billed using code 96127.

The first screening for any other developmental concern should now be billed using 96110 with the EP modifier.

A secondary screening that may be needed should now be billed using 96110 and it will pay at a lower rate than paid previously.

Providers are reminded to make any needed changes to internal billing systems to add the needed modifier and Z codes and to identify any outcomes, delays, etc.

Providers should be using these billing procedures for dates of service beginning June 1, 2020.

Contact Gina Robinson at [Gina.Robinson@state.co.us](mailto:Gina.Robinson@state.co.us) or 303-866-6167 for more information.

## Behavioral Therapists

### Pediatric Behavioral Therapy Criteria



Pediatric Behavioral Therapy providers are reminded to follow the current review criteria under Additional Information on the [Pediatric Behavioral Therapies Information for Providers web page](#), which includes the need for:

- Screening completed by the child's Primary Care Provider
- Name of the screening
- Date it was completed
- The score of that screening

Reference the [Pediatric Behavioral Therapies Manual](#) for additional information.

# Home and Community Based Services (HCBS) Providers

## **Community Centered Boards and Single Entry Points Providing Case Management to Eligible HCBS Members**

Effective July 1, 2020, Community Centered Boards (CCBs) and Single Entry Point (SEP) Agencies will be reimbursed using a “Per Member/Per Month” methodology. This replaces billing based on 15-minute increments for CCBs and replaces the “one-twelfth” payments for case management in contract for SEP Agencies. Reimbursement for monitoring visits is also changing for CCBs.

Additional guidance on documentation and new procedure codes will be published. Revised billing manuals will be posted.

Contact Victor Robertson at [Victor.Robertson@state.co.us](mailto:Victor.Robertson@state.co.us) with policy questions and Joanne Svenningsen at [Joanne.Svenningsen@state.co.us](mailto:Joanne.Svenningsen@state.co.us) with questions about reimbursement.

## Hospice Providers

### **Nursing Facility National Provider Identifier (NPI)**

Claims have been identified that are missing the correct Nursing Facility NPI number. Hospice providers must include the correct NPI of the Nursing Facility where the member resides at the time of service in Field 78 on the UB-04 (institutional) claim type.

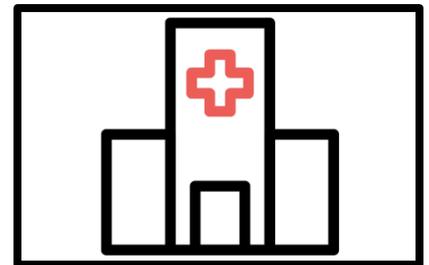
## Hospital Providers

### **General Updates**

#### Inpatient Hospital Providers

##### **Separation of Mother’s Delivery & Newborn Birth Claims**

The Colorado Medical Services Board (MSB) adopted a change into rule on May 8, 2020. Inpatient claims with a To Date of Service (TDOS) of July 1, 2020, and later will no longer require hospitals to bill a mother’s delivery and services provided to newborns during the mother’s inpatient stay under a single combined claim. For additional information on reasons for the change, please review meeting materials on the [Hospital Stakeholder Engagement Meeting web page](#).



**All Patients Refined Diagnosis Related Groups (APR-DRG) Weight Table Changes Related to Separation of Mom/Baby Available for Review:** The Department presented the budget neutral change to the APR-DRG Weight Table and table of estimated changes in expected payments for all in-state hospitals. All are available for review under the Friday, March 6, 2020, Hospital Stakeholder Engagement Meeting’s section on the [Hospital Stakeholder Engagement Meeting web page](#). Recording of the meeting and summary of the meeting are also available for review.

Contact Diana Lambe at [Diana.Lambe@state.co.us](mailto:Diana.Lambe@state.co.us) for more information or with questions.

### **Inpatient Hospital Per Diem Reimbursement**

The billing guidance to split-bill claims which span the implementation date of July 1, 2019, was posted to the [Inpatient \(IP\) and Outpatient \(OP\) Hospital Billing Manual](#) and [Inpatient Hospital Per Diem Rates web page](#) on April 1, 2020.

Elizabeth Quaife will resign from the Department as of June 11, 2020. Contact Andrew Abalos at [Andrew.Abalos@state.co.us](mailto:Andrew.Abalos@state.co.us) with questions or concerns.

### **All Hospital Providers**

#### **Bi-Monthly Hospital Stakeholder Engagement Meetings**

The Department will continue to host bi-monthly Hospital Engagement meetings to discuss current issues regarding payment reform and operational processing. The next meeting is scheduled for **Friday, July 10, 2020, 1:00 p.m. - 4:00 p.m.** at 303 E 17th Ave, Denver, Conference Room 7B & 7C. Calendar Year 2020 meetings have been posted.

[Sign up to receive the Hospital Stakeholder Engagement Meeting newsletters.](#)

Visit the [Hospital Engagement Meeting web page](#) for more details, meeting schedule and past meeting materials.

Advance notice will provide the Rates team time to bring additional Department personnel to the meetings to address different concerns.

Elizabeth Quaife will resign from the Department as of June 11, 2020. Contact Andrew Abalos at [Andrew.Abalos@state.co.us](mailto:Andrew.Abalos@state.co.us) with topics, questions and/or concerns.

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## **Laboratory Providers**

### **Clinical Diagnostic Laboratory Upper Payment Limit Rates**



Quarterly adjustments are made to Clinical Diagnostic Laboratory Test (CDLT) rates on a per test basis to align with Medicare's Clinical Laboratory Fee Schedule (CLFS) in accordance with the [Social Security Act Section 1903\(1\)\(7\)](#) Upper Payment Limit.

Quarterly adjustments and historical rates since 2018 can now be found under the Clinical Diagnostic Laboratory Test, Upper Payment Limit drop-down section of the [Provider Rates & Fee Schedules web page](#).

# Outpatient Physical, Occupational, and Speech Therapy Providers

## Updates to Visit Documentation Policy

Effective May 1, 2020, the Visit Documentation policy changed from requiring the SOAP format (Subjective, Objective, Assessment, Plan) to instead requiring any format which contains all the elements of SOAP, such as APSO (Assessment, Plan, Subjective, Objective) .

This policy is intended to decrease administrative burden by giving providers greater documentation flexibility.

	For Dates of Service Prior to May 1, 2020	For Dates of Service On/After May 1,2020
<b>Required Note Format</b>	SOAP	Any format arrangement which has the subjective, objective, assessment and plan elements.

The Outpatient Speech Therapy Visit/Encounter Note section has been revised to match the Outpatient PT/OT policy for documentation.

Details can be found in the [Physical and Occupational Therapy \(PT/OT\)](#) and [Speech Therapy](#) billing manuals.

Contact Alex Weichselbaum at [Alex.Weichselbaum@state.co.us](mailto:Alex.Weichselbaum@state.co.us) with questions on the policy.

# Pharmacies and All Medication-Prescribing Providers

## Preferred Drug List (PDL) Announcement of Preferred Products

The following drug classes and preferred agents will become effective July 1, 2020.

### Acne - Topicals

Preferred products will be: Adapalene gel, Adapalene/Benzoyl Peroxide gel, Clindamycin Phosphate swab/soln, Clindamycin/Benzoyl Peroxide gel (generic Duac), Clindamycin/Benzoyl Peroxide jar (generic Benzaclin), Differin pump (Rx), Erythromycin soln, Sulfacetamide susp, Tretinoin cream/gel

### Acne - Isotretinoin

Preferred products will be: Amnesteem, Claravis

**Tetracyclines**

Preferred products will be: Doxycycline Hyclate cap/tab, Doxycycline Monohydrate 50mg/100mg cap, Doxycycline Monohydrate tab, Minocycline cap

**Rosacea Agents**

Preferred products will be: Azelaic Acid gel, Metronidazole cream/gel/lotion

**Non-Opioid Analgesics**

Preferred products will be: Duloxetine 20mg/30mg/60mg, Gabapentin, Lidocaine patch (Rx), Pregabalin cap

**Short-Acting Opioids**

Preferred products will be: Codeine/APAP tab, Hydrocodone/APAP soln/tab, Hydromorphone tab, Morphine tab/soln, Oxycodone tab/soln, Oxycodone/APAP tab, Tramadol 50mg, Tramadol/APAP tab

**Long-Acting Opioids**

Preferred products will be: Butrans (brand name required (BNR))NR, Fentanyl 12mcg/25mcg/50mcg/75mcg/100mcg, Morphine ER tablet, Tramadol ER tablet

**Inhaled Anticholinergics**

Preferred products will be: Atrovent HFA, Ipratropium soln (generic Atrovent), Spiriva Handihaler

**Inhaled Anticholinergic Combinations**

Preferred products will be: Albuterol/Ipratropium soln, Bevespi Aerosphere, Combivent Respimat

**Inhaled Beta Agonists - Short-Acting**

Preferred products will be: Albuterol soln, ProAir HFA (BNR), Proventil (BNR), Ventolin (BNR)

**Inhaled Beta Agonists - Long-Acting**

Preferred products will be: Serevent Diskus

**Inhaled Corticosteroids**

Preferred products will be: Asmanex Twisthaler, Budesonide respules, Flovent Diskus, Flovent HFA, Pulmicort Flexhaler

**Inhaled Corticosteroid Combinations**

Preferred products will be: Advair Diskus (BNR), Advair HFA (BNR), Dulera, Symbicort

**Androgenic Agents**

Preferred products will be: Androderm patch, Testosterone 1.62% pump (generic Androgel), Testosterone 1% gel packet (generic Vogelxo), Testosterone Cypionate vial

**Phosphate Binders**

Preferred products will be: Calcium acetate cap, Phoslyra, Sevelamer Carbonate tab, Sevelamer HCL tab (authorized generic Renagel)



**Benign Prostatic Hyperplasia Agents**

Preferred products will be: Alfuzosin, Doxazosin, Dutasteride, Finasteride, Tamsulosin, Terazosin

**Newer Generation Antihistamines and Antihistamine/Decongestant Combinations**

Preferred products will be: Cetirizine 5mg/10mg tab (OTC), Cetirizine soln (OTC, Rx), Levocetirizine tab (OTC, Rx), Loratadine tab/soln (OTC)

**Angiotensin Modifiers**

Preferred products will be: Amlodipine/Olmesartan, Amlodipine/Valsartan, Benazepril, Enalapril, Enalapril/HCTZ, Fosinopril, Irbesartan, Irbesartan/HCTZ, Lisinopril, Lisinopril/HCTZ, Losartan, Losartan/HCTZ, Olmesartan, Olmesartan/HCTZ, Quinapril, Ramipril, Telmisartan, Valsartan, Valsartan/HCTZ

**Skeletal Muscle Relaxants**

Preferred products will be: Baclofen, Cyclobenzaprine 5mg/10mg tab, Methocarbamol, Tizanidine 2mg/4mg tab

**Topical Immunomodulators**

Preferred products will be: Pimecrolimus (authorized generic Elidel), Protopic (BNR)

**Pharmacy and Therapeutics (P&T) Committee Meeting:**

Tuesday, July 14, 2020

1:00 p.m. - 5:00 p.m. (to be held virtually online)

Agenda and virtual meeting information can be found at the [Pharmacy and Therapeutics \(P&T\) Committee web page](#).

**Brand Name Medication Favored Over Equivalent Generic**

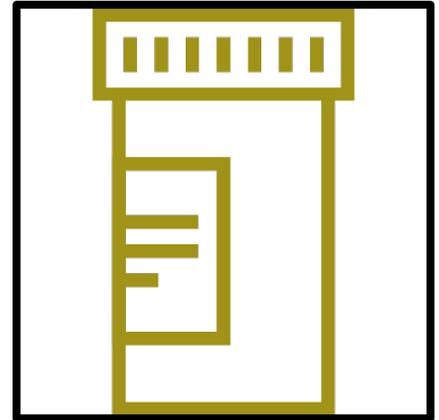
The Department manages certain brand name products by favoring them over the generic equivalent non-preferred medications. Effective May 14, 2020, Aptensio XR (methylphenidate ER) and Flector (Diclofenac) Topical System were added for brand preference. If a generic is medically necessary for the member (over the equivalent Brand name), additional clinical information will need to be provided during the normal prior authorization process.

Effective May 14, 2020, Brand Tarceva will be favored by Health First Colorado. It will pay without a prior authorization. Generic equivalents (erlotinib) will be non-favored and may require a prior authorization based on clinical necessity, or if the brand name medication cannot be dispensed, an override # 55555 may be entered in the "Prior Authorization Number" field (Universal Field Number = 498-PY) by the pharmacy at point-of-sale allowing coverage of the generic equivalent drug

Diclegis (doxylamine-pyridoxine), Cellcept (Mycophenolate) suspension, Rozerem (ramelteon) and Natroba (Spinosaad) will be removed from the brand preference list effective May 14, 2020.

Brand favored over Generic products are posted in Appendix P, under "Brand favored medications" accessible from the [Pharmacy Resources web page](#).

Pharmacies may contact the Magellan Rx Management Pharmacy Call Center at 1-800-424-5725 for assistance.



**First Databank (FDB) Termination of Selected National Drug Codes NDCs (Update from [April 2020 Provider Bulletin \[B2000447\]](#))**

The following products from Mission Pharmacal and Acella Pharmaceutical may not be payable through the pharmacy system after June 26, 2020, (date changed from March 31, 2020).

- Ferralet 90 Tablet
- Citranatal Harmony Capsule
- Citranatal 90 DHA Combo Pack
- Citranatal Rx Tablet
- Citranatal Assure Combo Pack
- Citranatal DHA Pack
- Prenaissance Plus Softgel



FDB will terminate the products' NDCs from their system, which may cause rejected claims. Additionally, pricing that originates from FDB may not be available.

Health First Colorado members utilizing these products should talk with their provider to consider switching to a different agent to avoid possible interruption in therapy. Preferred products are listed on the Preferred Drug List (page 90), accessible from the [Pharmacy Resources web page](#).

Alternative preferred prenatal vitamins/minerals include the following:

Brand Name	Description
CITRANATAL B-CALM	PRENATAL LOW IRON tablet
Complete Natal DHA	PRENATAL VITAMIN PLUS LOW IRON
CONCEPT DHA capsule	PREPLUS tablet
CONCEPT OB capsule	TRINATAL RX 1
M-NATAL PLUS	TRUST NATAL DHA
NESTABS tablets	VIRT-ADVANCE TABLET
PNV OB+DHA COMBO PACK PNV	VIRT-VITE GT TABLET
PNV-FERROUS FUMARATE-DOCU-FA tablet	VOL-PLUS tablet

Prior authorization criteria for non-preferred medications can be found on the Preferred Drug List. For questions regarding rejected claims or prior authorization, call the Magellan RX Management Pharmacy Call Center at 1-800-424-5725.

## Physician Services

### **Injectable Opioid Antagonists**

The State Plan Amendment (SPA) has been approved for injectable opioid antagonists with the now-increased rate of Average Sale Price (ASP) +2.2% with an effective date of November 26, 2019. The updated rates for injectable opioid antagonists are now posted on the [Physician Administered Drug \(PAD\) Fee Schedule](#).



All claims associated with injectable opioid antagonists have been reprocessed for dates of service on and after November 26, 2019. Due to the approval of the SPA, the previous additional amount of \$83.65 paid with the Current Procedural Terminology (CPT) code 96372 with TU modifier was end-dated on November 25, 2019. All claims associated with CPT code 96372 with TU modifier have been reprocessed for dates of service on and after November 26, 2019.

Contact Emily Ng at [Emily.Ng@state.co.us](mailto:Emily.Ng@state.co.us) with questions or concerns regarding this update.

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### **Physician-Administered Drug (PAD) Billing Manual**

The [Physician Administered Drug \(PAD\) Billing Manual](#) has been posted and can be accessed from the [Billing Manual web page](#) under the CMS 1500 drop-down. The PAD Billing Manual was created to provide information on the PAD benefit, including policy, billing for PADs, unit conversions and frequently asked questions.

When billing for PADs, reference the [General Provider Information Billing Manual](#) and Physician-Administered Drug (PAD) Billing Manual, [Appendix X](#) and the PAD Fee Schedule available on [Provider Rates & Schedule web page](#) under Physician Administered Drug fee schedule drop-down to ensure accurate billing and reimbursement.

Contact Felecia Gephart at [Felecia.Gephart@state.co.us](mailto:Felecia.Gephart@state.co.us) with any questions.

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## Physician Services, Audiologists

### **Policies Relating to Ordering, Prescribing and Referring (OPR)**

The following policies concerning the ordering, prescribing or referring of audiology services are effective July 1, 2020.

1. All audiology services must have a written order, referral or prescription by any of the following:
  - a. Physician (M.D. or D.O.)
  - b. Physician's assistant
  - c. Nurse practitioner
  - d. An approved Individualized Family Service Plan (IFSP) for Early Intervention Audiology services

2. Pursuant to the Affordable Care Act's requirements that State Medicaid Agencies ensure correct ordering, prescribing, and referring (OPR) National Provider Identification (NPI) numbers be on the claim form (42 CFR §455.440):
  - a. All Audiology claims must contain the valid NPI number of the OPR physician, physician assistant, nurse practitioner, or provider associated with an Individualized Family Service Plan (IFSP), in accordance with Program Rule 8.125.8.A.
    - i. Community Centered Boards may have their NPI listed as the referring NPI for IFSP-ordered early intervention services.
  - b. All physicians, physician assistants, nurse practitioners, or providers associated with an IFSP who order, prescribe, or refer Audiology services for Medicaid members must be enrolled in Health First Colorado (42 CFR §455.410), in accordance with Program Rule 8.125.7.D. OPR Providers can begin enrollment on Health First Colorado's website.
    - i. The new enrollment requirement for OPR providers does not include a requirement to see Medicaid members or to be listed as a Medicaid provider for patient assignments or referrals.
    - ii. Physicians or other eligible professionals who are already enrolled in Health First Colorado as participating providers and who submit claims to Health First Colorado are not required to enroll separately as OPR providers.
  - c. Field 17.b on the CMS1500 claim form must be used for the OPR NPI number.
3. The term "valid OPR NPI number" means the registered NPI number of the provider that legitimately orders, prescribes, or refers the Audiology service being rendered, as indicated by the procedure code on the claim.
  - a. Claims without a valid OPR NPI number which are paid will then be subject to recovery.
  - b. Medical documentation must be kept on file to substantiate the order, prescription, or referral for Audiology services. Claims lacking such documentation on file will be subject to recovery.
4. Health First Colorado recognizes that Audiology services ordered in conjunction with an approved IFSP for Early Intervention may not necessarily have an ordering provider. Under this circumstance alone the rendering provider must use their own NPI number as the OPR NPI number.
  - a. Early Intervention Audiology claims must have modifier 'TL' attached on the procedure line item for Health First Colorado to identify that the services rendered were associated with an approved IFSP.
    - i. Any claim with modifier 'TL' attached must be for a service ordered by an approved IFSP and delivered within the time span noted in the IFSP.
    - ii. If the OPR NPI on the claim is that of the rendering provider, and the claim does not have modifier 'TL' attached, the claim is subject to recovery.

Contact Alex Weichselbaum at [Alex.Weichselbaum@state.co.us](mailto:Alex.Weichselbaum@state.co.us) with questions.

# Provider Billing Training Sessions

## June and July 2020 Provider Billing Webinar-Only Training Sessions

Providers are invited to participate in training sessions for an overview of Health First Colorado billing instructions and procedures. The current and following months' workshop calendars are shown below.

### Who Should Attend?

Staff who submit claims, are new to billing Health First Colorado services, or need a billing refresher course should consider attending one or more of the following provider training sessions.

The UB-04 and CMS 1500 training sessions provide high-level overviews of claim submission, prior authorizations, navigating the [Department's website](#), using the [Provider Web Portal](#), and more. For a preview of the training materials used in these sessions, refer to the Beginning Billing Workshop: Professional Claims (CMS 1500) and Beginning Billing Workshop: Institutional Claims (UB-04) available on the [Provider Training web page](#) under the Billing Training - Resources drop-down section.



Specialty training sessions provide more training for that particular provider specialty group. Providers are advised to attend a UB-04 or CMS 1500 training session prior to attending a specialty training. For a preview of the training materials used for specialty sessions, visit the [Provider Training web page](#) and open the Billing Training and Workshops drop-down section.

For more training materials on navigating the Provider Web Portal, refer to the Provider Web Portal Quick Guides available on the [Quick Guides web page](#).

**Note:** Trainings may end prior to 11:30 a.m. MT. Time has been allotted for questions at the end of each session.

## June 2020

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3	4	5	6
7	8	9	10	11 <a href="#">Beginning Billing Workshop: Professional Claims (CMS 1500)</a> 9:00 a.m. - 11:30 a.m. MT	12	13
14	15	16	17	18	19	20
21	22	23	24	25 <a href="#">Beginner Billing Training: Institutional Claims (UB-04)</a> 9:00 a.m. - 11:30 a.m. MT	26	27
28	29	30				

## July 2020

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4
5	6	7	8	9 <a href="#">Beginning Billing Workshop: Professional Claims (CMS 1500)</a> 9:00 a.m. - 11:30 a.m. MT	10	11
12	13	14	15	16	17	18
19	20	21	22	23 <a href="#">Beginner Billing Training: Institutional Claims (UB-04)</a> 9:00 a.m. - 11:30 a.m. MT	24	25
26	27	28	29	30	31	

**Live Webinar Registration**

Register for a live webinar by clicking the title of the desired training session in the calendar above and completing the webinar registration form. An automated response will confirm the reservation. For questions or issues regarding webinar registration, email [co.training@dxc.com](mailto:co.training@dxc.com) with the subject line "Webinar Help." Include a description of the issue being experienced, name and contact information (email address and phone number), and the name and date of the webinar(s) to be attended. Allow up to 2-3 business days to receive a response.

**Upcoming Holidays**

Holiday	Closed Offices/Offices Open for Business
<b>Independence Day Friday, July 3 (observed)</b>	State Offices, DentaQuest, DXC and the ColoradoPAR Program will be closed. The receipt of warrants and EFTs may potentially be delayed due to the processing at the United State Postal Service or providers' individual banks.

**DXC Contacts**

**Provider Services Call Center**  
1-844-235-2387